

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

USA

vs.

Castro
DomínguezFOR
ATNorthern District of IL
Chicago

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Estela Mota Gamez

FILED

2-20-08

FEB 20 2008

MAGISTRATE JUDGE
MORTON DENLOW

CHARGE/OFFENSE (describe if applicable & check box →)

Material Witness

☐ Felony☐ Misdemeanor☐ Defendant - Adult☒ Defendant - Juvenile☐ Appellant☐ Probation Violator☐ Parole Violator☐ Habeas Petitioner☐ 2255 Petitioner☒ Material Witness☐ Other (Specify)

DOCKET NUMBERS

Magistrate

08 CR 63

District Court

08 CR 63

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed		
		Name and address of employer: N/A		
		IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment How much did you earn per month? \$	
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		IF YES, how much does your Spouse earn per month? \$	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$	
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES	
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$			
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	IF YES, GIVE THE VALUE AND DESCRIBE IT	VALUE	DESCRIPTION	
DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	None		
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.
	None		\$	\$
(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)			\$	\$
			\$	\$
			\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Estela Mota Gamez